MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. | FILING DATE

APPLICANT(S)

CLAIMS

_	ASI	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1
1				 			ł
2							ł
3		T					1
4		17-	ļ				1
5	T	1					ł
6	1						ı
7		1					ı
8							1
9							1
10							ı
11							ı
12							ı
13							1
14							
15							
16							l
17							
18							
19							
20		_1					
21							
22		1					
23		1_					
24		<u>. L .</u>					
25							
26	 	-					
27							
28 29		-}					ĺ
30							
31	 						
32							
33							
34							
35							
36							
37							
38							
39	 						
40	 						
41							
42					 		
43							
44							
45							
46							
47						$-\!-\!-\!+$	
48						——	
49						——	
50							
TOTAL		-				 -	
IND. FOTAL DEP.	┝╫╌	- 1	لبــــا			_J	
DEP.	37	797 kr # 194 × 1940 a 1					
CAL	30						

s 7	*		1*		1*	
	ļ	, · · · · · · · · · · · · · · · · · · ·	<u> </u>		<u> </u>	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	 	<u> </u>	<u> </u>			
52	 	ļ				
53	ļ		<u> </u>			
54			<u> </u>			
55			L			
56						
57				<u> </u>		
58			ļ	<u> </u>		
59				ļ <u>.</u> .		
60			 			
61						
62						
63					· .	
64				ļ	ļ	
65					<u> </u>	
66 67			<u> </u>	<u> </u>	<u> </u>	
68			 -	ļ		
69			 	<u> </u>		
70			 			
71			 			
72						
73				<u> </u>		
74				 -		
75						
76						
77						
78						
79						
80						
81					-	
82						
83						-
84						
85						
86						
87						
88.						
89						
90						
91						
92						
93						
94						
95						
96	1					
97						
98						
99						
100]				
TOTAL IND.]					
TOTAL DEP.		—		' ** *		— 1
TOTAL CLAIMS						
CLAIMS		ann a Li	<u> </u>			174.17

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS